



1202-50.02

60,130-1304
00MRA0192

AF#
JPC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application: Maass, et al.
Serial No.: 10/023,444
Filed: 12/13/2001
Group Art Unit: 3634
Examiner: Strimbu, Gregory J.
For: BARE CABLE ARRANGEMENT ASSEMBLY

Duplicate
copy
w/ fee
charge

NOTICE OF APEAL

Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals the final rejection of July 21, 2004. Fees in the amount of \$340.00 are paid by the attached check. If any additional fees are necessary, you are hereby authorized to charge deposit account number 50-1482 in the name of Carlson, Gaskey & Olds.

Respectfully submitted,
CARLSON, GASKEY & OLDS

03/03/2005 PLEWIS 00000006 501482 10023444
01 FC:1202 50.00 DA O/K

By: 

Anthony P. Cho, Reg. No. 47,209
400 W. Maple Rd., Ste. 350
Birmingham, MI 48009
(248) 988-8360

Dated: October 21, 2004

10/26/2004 HAHMED1 00000024 10023444
01 FC:1401 340.00 CP

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100 23444

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	123	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20 = *	—
INDEPENDENT CLAIMS	1 minus 3 = *	—
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

A

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 19	Minus	** 20	= 1
	Independent	* 2	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 2	Minus	** 20	= 1
	Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
25	
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	- 0 -

RATE	ADDITIONAL FEE
50	
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	50.00

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